

CITY OF ALAMEDA APPLICATION YOUTH ADVISORY COMMISSION

Please note that persons appointed to the Youth Advisory Commission must be at least 14 years of age at the time of appointment and no older than 20 at completion of two year term.

PLEASE CHECK WHIC	H SEAT(S) YOU AR	E QUALIFIED FOR:	
Resident	☐ Student attending Alameda School		
PLEASE INDICATE YO	UR AGE RANGE:		
☐ 14-15	□ 16-17	□ 18-19	
PLEASE PRINT THE F	OLLOWING INFORM	MATION:	
Name:			
(Last)	(Firs	t)	(Middle Initial)
Address:			
Telephone Home:		_ Other:	
E-mail:			_
Employer:		_ Title:	
			_
Qualifying Experience (Li	st prior practical expe	rience which would qualify	you for the Commission):
Other Comments:			
Application forms are public in		e your telephone numbers/add ke your e-mail address withhe	
Nominees are subject to back	ground investigations. De	o you agree to be subject to an	investigation? Yes \(\text{No } \(\text{\tint}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\tex{\tex
	(Signature)	(Date)

File with the City Clerk, City Hall, 2263 Santa Clara Avenue, Room 380. You will be notified if appointed. Applications are valid for one year. Revised 9-2007